Māori Relationship Board Meeting

Date:	**Wednesday, 11 July 2018**
Meeting:	**9.00am to Noon**
Venue:	**Te Waiora (Boardroom), District Health Board Corporate Office, Cnr Omahu Road & McLeod Street, Hastings**

Board Members:

Ngahiwi Tomoana (Chair)
Heather Skipworth (Deputy Chair)
George Mackey
Na Raihania
Kerri Nuku
Lynlee Aitcheson-Johnson
Trish Giddens
Ana Apatu
Hine Flood
Dr Fiona Cram
Beverly Te Huia

Apologies:

In Attendance:

Member of the Hawke's Bay District Health Board (HBDHB) Board
Members of the Executive Management Team
General Manager Māori Health
Member of Hawke's Bay (HB) Consumer Council
Member of HB Clinical Council
Member of Ngāti Kahungunu Iwi Inc.
Member of Health Hawke's Bay Primary Health Organisation (HHB PHO)
Members of the Māori Health Service
Members of the Public

Our vision

HEALTHY
HAWKE'S BAY

TE HAUORA O
TE MATAU-Ā-MĀUI

Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.

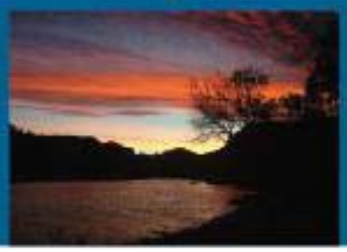
Our values

Tauwhiro – delivering high quality care to patients and consumers

Rāranga te tira – working together in partnership across the community

He kauanuanu – showing respect for each other, our staff, patients and consumers

Ākina – continuously improving everything we do



PUBLIC MEETING

Item	Section 1 : Routine	Time
1.	Karakia	9.00am
2.	Whakawhanaungatanga	
3.	Apologies	
4.	Interests Register	
5.	Minutes of the Previous Meetings held 13th June 2018	
6.	Matters Arising - Review of Actions	
7.	Workplan	
8.	Māori Relationship Board Chair's Verbal Update	
9.	General Manager's Monthly Māori Health Report – Patrick LeGeyt	
10.	Clinical Council Verbal Update – Ana Apatu	
	Section 2: Presentation	
11.	Violence Intervention Presentation – Cheryl Newman	09:40
	Section 3: For Discussion	
12.	He Ngākau Aotea – Strategic Priorities (finalise report)	10:00
13.	Te Ara Whakawaiora – Smokefree update – Shari Tidswell & Johanna Graham	10:40
	Section 4: For Information Only – no presenter	
14.	Using Consumer Stories	-
	Section 5: Recommendation to Exclude the Public	10:55
15.	Under Clause 32, New Zealand Public Health & Disability Act 2000	

PUBLIC EXCLUDED

Item	Section 6: For Discussion	
16.	Clinical Services Plan First Draft – Ken Foote	11:00
	Karakia Whakamutunga (Closing)	Noon
	Followed by a light lunch	

NEXT MEETING:

Wednesday, 8 August 2018, Boardroom, HBDHB Corporate Office
Cnr Omahu Road & McLeod Street, Hastings

Māori Relationship Board Interest Register - 13 June 2018

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Declared
Ngahiwi Tomoana (Chair)	Active	Chair, Ngati Kahungunu Iwi Incorporated (NKII)	Actual Conflict of Interest. Non-Pecuniary interest. Chair of NKII. NKII is titular head of 6 Taiwhenua. 2 NKII Taiwhenua have contracts for health services with HBDHB: (i) Te Taiwhenua Heretaunga is HBDHB's 5th largest health services contractor. The contracts are administered by HBDHB's Planning, Funding and Performance department. (ii) Ngati Kahungunu Ki Wanganui a Orutu has a contract with HBDHB to provide mental health services. This contract is administered by HBDHB's Planning, Funding and Performance department.	Will not take part in any decisions in relation to the service contracts between the NKII Taiwhenua and HBDHB.	The HBDHB Chair	01.05.08
	Active	Uncle of Tiwai Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Tiwai Tomoana is employed by HBDHB and is a Kitchen Assistant in the Food and Nutrition Department at Hawke's Bay Hospital.	All employment matters in relation to Tiwai Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Iralee Tomoana	Iralee Tomoana is employed by HBDHB and works in the Radiology Department as a clerical assistant.	All employment matters in relation to Iralee Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Brother of Numia Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Numia Tomoana is employed by Cranford Hospice and works as a palliative care assistant and, in this role, works with chaplains at Hawke's Bay Hospital.	Will not take part in any decisions in relation to the Chaplain service at Hawke's Bay Hospital.	The HBDHB Chair	01.05.08
	Active	Involved with Waitangi Claim #2687 (involving Napier Hospital land) sold by the Government	Requested that this be noted on the Interest Register	Unlikely to be any conflict of Interest.	The HBDHB Chair	28.03.18
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract; and the Mobility Action Plan (Muscular Skeletal)	Will not take part in any discussions or decisions relating to any actions or contracts with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15 29.03.17
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Kerri Nuku	Active	Kaiwhakahaere of New Zealand Nurses Organisation	Nursing Professional / Industrial Advocate	Will not take part in any discussions relating to industrial issues	The Chair	19.03.14
	Active	Trustee of Maunga HaruruTangitu Trust	Nursing Services - Clinical and non-Clinical issues	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
George Mackey	Active	Wife, Annette Mackey is an employee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
	Active	Wife Annette is a Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions relating to Iron Maori Limited	The Chair	04.08.16
	Active	Trustee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.06.14
	Active	Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions or decisions relating to the Contract aligned to Iron Maori Limited).	The Chair	04.08.16
	Active	Employee of Te Puni Kokiri (TPK)	Working with DHB staff and other forums	No conflict	The Chair	19.03.14
Lynlee Aitcheson-Johnson	Active	Chair, Maori Party Heretaunga Branch	Political role	Will not engage in political discussions or debate	The Chair	19.03.14
	Active	Trustee, Kahuranaki Marae		No conflict	The Chair	14.07.16
	Active	Treasurer for Ikaroa Rawhiti Maori Party Electorate		No conflict	The Chair	04.07.17
Na Raihania	Active	Wife employed by Te Taiwhenua o Heretaunga	Manager of administration support services.	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14
	Active	Member of Tairawhiti DHB Maori Relationship Board		Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	19.03.14
	Active	Employeed as a Corrections Officer		No conflict	The Chair	19.03.14
	Active	Mother in law, Jenny McQueen, Chaplain at Te Matau a Maui		No conflict	The Chair	14.02.18
	Active	Niece, Albie Raihania attending on the NeSP program		No conflict	The Chair	14.02.18
	Active	Board member of Hauora Tairawhiti	Relationship with Tairawhiti may have contractural issues.	Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	27.03.17
Ana Apatu	Active	CEO of U-Turn Trust (U Turn is a member of Takitimu Ora Whanau Collective) The U-Turn Trust renamed /rebranded "Whahariki Trust" advised 30-8-17	Relationship and and may be contractural from time to time	No conflict	The Chair	12.08.15
	Active	Chair of Directions	Relationship and contractual	Potential Conflict as this group has a DHB Contract	The Chair	12.08.15
Hine Flood	Active	Member, Health Hawkes Bay Priority Population Committee	Pecuniary interest - Oversight and advise on service delivery to HBH priority populations.	Will not take part in any conflict of interest that may arise or in relation to any contract or financial arrangement with the PPC and HBDHB	The Chair	23.02.17
	Active	Councillor for the Wairoa District Council	Perceived Conflict - advocate for the Wairoa District population and HBDHB covers the whole of the Hawkes Bay region.	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	23.02.17
Dr Fiona Cram	Active	Board Member, Ahuriri District Health Trust (ADHT)	Contribution to the health and wellbeing of Māori in Napier, as per the settlement under WAI692.	Declare an interest and withdraw from any discussions with respect to any contract arrangements between ADHT and HBDHB	The Chair	14.06.17

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Declared
	Active	Adjunct Research Fellow, Women's Health Research Centre, University of Otago, Wellington	Health research involving data and/or participant recruitment from within HBDHB.	Declare a potential conflict of interest, if research ethics locality assessment requires MRB input.	The Chair	14.06.17
	Active	Director and Shareholder of Katoa Limited	An indigenous research organisation that undertakes research and work for organisations by Maori for Maori.	Declare any potential conflict of interest, prior an discussion on work undertaken for HBDHB and/or health service organisations.	The Chair	11.04.18
	Active	Contract being negotiated with the Ministry of Health for Research work in relation to WAI 2575	Unknown at this time.	Declare any potential conflict of interest, prior an discussion on work undertaken for HBDHB and/or health service	The Chair	13.07.18
Trish Giddens	Active	Trustee, HB Air Ambulance Trust	Management of funds in support of HB Air Ambulance Services	Will not take part in discussions or decisions relating to contracts with HB Air Ambulance Service.	The Chair	19.03.14
	Active	Member Heatlh HB Priority Population Health	Health Advisors	Will declare intertest prior to any discussions relating to specific topics	The Chair	1.01.17
	Active	Committee Member, HB Foundation		No conflict	The Chair	1.01.17
	Active	Committee Member, Children' Holding Foundation		No conflict	The Chair	1.01.17
	Active	Trustee, Waipukurau Community Marae		No conflict	The Chair	1.01.17
Beverley TeHuia	Active	Trustee and employed by Kahungunu Health Services	Kahungunu Health Services currently contracts with HBDHB with a number of contracts. Mother and Pepi, Cervical and Breast screening, # Whanau and smokefree pregnant wahine.	Will not take part in discussions about current tenders that Kahungunu Health services are involved with and are currently contracted with.	The Chair	7.11.17
	Active	Employee of Totara Health	GP Practice providing heatlh services	Will declare intertest prior to any discussions relating to specific topics	The Chair	7.11.17
	Active	Committee Member of the Priority Population Committee (PPC)	Health Advisors		The Chair	7.11.17
	Active	Nga Maia O Aotearoa Chair person	The current Chair of Maori Midwives organisation of New Zealand. Providing Cultural Competency to all Midwives and child birth organiser in New Zealand. DHB employed and independent.	Will not take part in discussions about cultural training required of maternity services	The Chair	7.11.17
	Active	Iwi Rep on Te Matua a Maui Health Trust		Will not discuss or take part of discussions where this trust is or interest.		28.05.18
	Active	Claimant of Treaty Health Claim currently with the Tribunal; Wai #2575	Is yet to be heard by the Waitangi Tribunal	Unlikely to be a conflict		28.05.18

MINUTES OF THE MĀORI RELATIONSHIP BOARD
HELD ON WEDNESDAY 13 JUNE 2018, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 9.08AM

PUBLIC

Present:	Heather Skipworth (Chair) Ana Apatu George Mackey Na Raihania Trish Giddens Dr Fiona Cram Kerri Nuku Beverly Te Huia
Apologies	Ngahiwi Tomoana, Hine Flood and Lynlee Aitcheson-Johnson
In Attendance:	Peter Dunkerley (HBDHB Board Member) Patrick Le Geyt (Acting General Manager, Māori Health HBDHB) Chris Ash (Executive Director Planning and Funding, Primary Care) Chrissie Hape, (CEO of Ngāti Kahungunu Iwi Incorporated) Kate Coley (Executive Director, People and Quality) *part* Ken Foote (Company Secretary) *part* Jill Garrett (Strategic Services Manager Primary Care) *part* Wayne Woolrich (CEO Health Hawke's Bay) Shayne Walker (General Manager of the Maungaharuru-Tangitū Trust) *part* Tiwana Aranui (Kaumātua) Hawira Hape (Kaumātua) Tanira Te Au (Kaumātua Kuia)
Minutes:	Brenda Crene

KARAKIA

Tiwana Aranui opened the meeting with a Karakia

INTRODUCTIONS

Patrick LeGeyt confirmed to the group that he had been appointed as General Manager of Māori Health. He provided a brief overview of his goal to transform Māori Health and ensure the Māori Health team is structured in such a way to deliver. Needs to look different and be different.

Introductions were made amongst those in attendance.

APOLOGIES

Apologies were noted from MRB members above.

John Barry Heperi-Smith also sent through an apology.

INTEREST REGISTER

Ana Apatu advised of a potential interest in an item on the Agenda around Youth Health, as she was the Chairperson for Directions until the end of June 2018.

Fiona Cram advised contract work was being negotiated with the Ministry of Health in relation to WAI2527 which should be included on the Interest Register. **Action**

ADDITIONAL ITEM(s)

An additional item was advised to be discussed under General Business entitled "Whānau"

5. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the MRB meeting held on 9 May 2018 were approved as a correct record of the meeting, noting the following changes would be made:

Spelling of Mihiroa on page 12 had been corrected prior to the meeting.

Note the concerns expressed (below) by Kerri Nuku and Beverly Te Huia around the running of the proposed Kaupapa Māori Health Programme.

Moved: **Ana Apatu**
Seconded: **George Mackey**
Carried

Concern was raised by several members who did not attend the prior months meeting who sought clarification around the **Kaupapa Māori Health Programme**, expressing concern as it is believed that no DHB should be developing such a programme, that it should sit with our people. It should be home based and managed. This was not the feeling when reading the report?

It was advised that to be called "Kaupapa Māori" it has to be a partnership and held to a high standard. If done correctly will be a beautiful transformative thing. To clarify : "By Māori, with Māori, for Māori is "**Kaupapa Māori**"; By Māori, with Māori is **"Māori centric**"; and for Māori still needs to be **culturally responsive**. This is in line with the three principles of the Treaty: partnership, participation and protection.

Funding for the programme had been made available by the DHB but it was being run within the community, with the head of maternity on the Steering Group. This was not a hospital driven programme but was coming from the DHB. The recommendation approved by MRB in May, stipulated support for the development of a Kaupapa Māori Maternal Health Programme and the proposed next steps.

6. MATTERS ARISING FROM PREVIOUS MINUTES

Item 1: Review and reform the function of MRB, including Youth Representative – this item had been outstanding since May 2016. Patrick and Chrissie Hape had met recently to discuss. Chrissie advised it would be necessary for the ToR to be reconsidered to reflect the inclusion of a youth representative on MRB. Need also to consider what that might mean, whether in school, Mahi or tertiary studies and be aged between 18-24 years and how to progress this. Would be happy to receive ideas and applications directly to either Patrick LeGeyt or Chrissie Hape (at Ngāti Kahungunu Iwi Incorporated). **Action.** Ongoing.

Item 2: Nuka Model Wānanga: deferred to a later date, originally raised in September 2017. The Nuka Model process would remain active. Discussions on this item were moved to General Business.

Item 3: **Te Ara Whakawaiora – Mental Health.** Currently a Government Mental Health and Addiction enquiry is underway with a report due in October 2018. Ongoing.

Item 4: **Interest Register change**s – changes were actioned. Close this item.

Item 5: T**e Karere Māori Nursing Newsletter:** This will go ahead.. b) **Fiona Cram's Wellbeing paper** was issued to members for their information. Close both items.

Item 6: MRB attendance and representation on HB Clinical Council – actioned, and will be brought up again to be reconsidered in May 2019. Item closed.

Item 7: Clinical Services Plan – Planning for Consultation: Selling the concept of change – best ways to get true engagement – by whom? No comments received. Open to suggestions please provide feedback to Patrick by email. Ongoing

Item 8: Maternal Wellbeing Model of Health – Actioned amended version issued to MRB / Board. Close this item.

Item 9: Recommendation to HBDHB Board regarding the National Bowel Screening Programme (NBSP) – members were advised of the discussion at the Board meeting on 30 May 2018. Response follows:

The HBDHB Board are keen to understand (through analysis), the result of lowering the age of screening to 50 years old and up for Māori and Pasifika and what effect that may have. Firstly ensure that the NBSP is up and running first but in parallel scope as to what that might mean and cost. A response will be provided to the HBDHB Board (in July at the earliest). Included on workplan, with detail to be provided to MRB when available.

Close this item.

Item 10: TAW Improving Access: a revised version provided to MRB members. Item closed..

Item 11: Strategic Priorities: work in progress following the workshop planned for 22nd May. Discussions planned on days agenda – ongoing.

7. MRB WORK PLAN

The Work Plan was noted. It was suggested that some MRB meetings could be held at NKII.

8. MRB CHAIR'S REPORT

The report was not provided this month, however a verbal update was provided by Heather Skipworth as Deputy Chair.

9. GENERAL MANAGER MĀORI HEALTH REPORT

Patrick LeGeyt's (GM Maori Health) report was taken as read with no discussion.

10. CLINICAL COUNCIL VERBAL UPDATE

In brief, Ana Apatu advised she had attended the joint Clinical and Consumer Council Workshop on 13 June where one of the main topics discussed was "Patient and whānau centred care". She also noted that Clinical Council do have their challenges.

PRESENTATIONS AND DISCUSSION

11. HBDHB YOUTH STRATEGY IMPLEMENTATION UPDATE INCLUSIVE OF ZERO FEES 13-17

Jill Garrett, Strategic Services Manager Primary Care commenced her update with a mihi which was very well received. It was hoped this would be standard practice for presenters in future.

The report was received which included: Background to the strategy and commencement overview; Progress to goals; Stakeholder engagement; Highlights and Challenges; Implementing the strategy and a Zero fees 13-17yrs update.

There was some discussion around a Central HB GP Practice not providing free services to 13-17 year olds. The question was why, as youth should be able to receive these services for free in CHB. Whānau do not have the luxury of being able to change GPs easily anywhere in HB, let alone CHB.

The NUKA model was discussed as an example where consumers see a wide range of health professionals in a team one of which may be the GP depending on their needs. This allowed doctors to spend quality time with the patients who needed it with no need to wait for a doctor's appointment.

The zero fees for 13-17yrs funding supports any visit to a member of the health care team and is the beginnings of creating an expectation that a number of people can be seen by nurses rather than the doctor in many cases. By providing free care we want to be modelling early intervention and prevention and normalising health seeking behaviour by Rangatahi. We are positioning our programmes to strengthen further.

Members commented on the need to increase the number and type of services for our young people, especially mental health. It is about knowledge of what to do when presented. A lot of the time someone is required to listen while Rangatahi talk things through but there needs to be foundational approaches in assessments of Māori in particular. There are gaps in the system including staff cultural competencies. We may find that approaches are not conducive to Rangatahi, as staff may not be culturally (aware) sensitive. This can then impact on making a good assessment particularly in regard to mental health (Hinengaro and Wairua). It becomes very difficult to make mental health assessments because this knowledge may be lacking. There are very few doctors in this region that can do an assessment on Rangatahi. The young ones going through ED, often high on drugs have more often become disconnected from their culture – and colonial views are imposed! A lot of the issues with youth is in the social determinant area and we need to look at this from a "framework of wellbeing" and not just a medical perspective! Anger and drug taking … we are not getting to the bottom of this. We need Rangatahi at the MRB table as we do not see what the young ones see.

An approach was conveyed where some children who were exposed to or experienced trauma, and why some were okay after this experience, and others were affected greatly long term. It all came down to relationships. It no longer comes down to a question "What is wrong with you?" It is more about **"What happened to you?"** We need to help youth with relationships by asking "**What matters to you?"**

- **MRB were pleased to receive the report, noted the contents and provided feedback.**

12. GROWING OUR PEOPLE BY LIVING OUR VALUES - PEOPLE PLAN

Kate Coley (ED People and Quality) was in attendance and provided an overview of the paper. The purpose, to seek input and feedback on the proposed People Plan appended to the report, prior to going forward to the Board in June.

Key enablers on what we aspire to, are our people and this links to feedback received from various inputs. Previous feedback from MRB noted that "our values" had not been included. These have now been placed at the centre and everything is aligned to them. Ngahiwi has offered guidance and some of the words and layers will be included to reflect our Māori workforce.

Summary of points raised:

- Where does the People Plan sit? It is a partnership approach with People & Quality. How this is implemented is very important.
- This aligns and contributes to overall staff evaluations eg., targets, key performance indicators, outcome measures and ongoing implementation will be reported on a six monthly basis.
- Eliminating bullying is a priority.
- Does it feed back into our 5 Year Strategic Plan? Yes it should.

➢ **MRB noted the contents of the report, provided feedback and endorsed the People Plan in principle prior to final endorsement by the Board in June 2018.**

Moved Beverly TeHuia
Seconded Na Raihania

Any feedback would be welcome directly to kate.coley@hbdhb.govt.nz

13. IMPLEMENTING THE CONSUMER ENGAGEMENT STRATEGY

Kate Coley led discussion on the paper provided and outlined the proposed approach to support effective implementation of the Strategy.

A Strategy was originally endorsed by HB Health Consumer Council in September 2017 and has since incorporated feedback received from EMT and MRB. The proposed implementation approach has evolved as the overall People Plan has been developed, and its various components integrated.

The attached Consumer Engagement Strategy had been developed as a key piece of work alongside others to: Achieve culture change; strengthen and embed consumer participation at all levels in the health sector; ensure consumers are active partners in how we design, deliver and improve services; drive improvements - experience of care, quality and safety of care, health outcomes and best value; and build knowledge and educate health sector staff about the value of consumer engagement.

Given that this is not a standalone strategy, an integrated approach to implementation was adopted. A number of issues were grouped under this heading 'Consumer Experience' which includes:

- ✓ Consumer Engagement
- ✓ Recognising Consumer Participation
- ✓ Patient Experience; and
- ✓ Health Literacy

Summary of points raised:

- Consumer Engagement Report and Strategy – suggested to replace the words "reduce inequities" to "remove inequities". **Action: Kate Coley to consider.**
- Referring to the "Purpose" statement within the Consumer Engagement Strategy – which talks about the DHB designing services to meet the needs of consumers – it was felt that cuts across the reasoning behind co-design?
  The words "we" reflects all inclusive, the word co-design and consumer engagement within the document shows the overall intent and should not be misinterpreted.
  - In response, the words may be within the document but it does not necessarily mean they transfer and the intent included within the "co-design process".
- Felt that Māori understand engagement and the environment once an open space has been created.
- The word "etiological" was used ie (causation, giving a reason for) change in relation to how we think about our world. Difference between Māori (about engagement) and the Government (like clockwork).
- If don't invest in our people we cannot achieve our ambitions - the domino effect.
- What we measure becomes important, it is all interwoven like flax.
  .

- **MRB noted the contents, provided feedback with one change suggested to the report, and endorsed the Strategy.**

14. POLICY - RECOGNISING CONSUMER PARTICIPATION

Kate Coley spoke to her paper and sought feedback.

The purpose to consider those engaging and partnering with consumers for input is an important part of ensuring the Hawke's Bay Health Sector is meeting the needs of our community. With more heightened awareness and interest in engaging with consumers/whānau - the appropriateness of remunerating in some way needs consideration, without setting precedents and creating unrealistic expectations.

It was noted that this primarily applies when people are working with us. Māori sit in on panel interviews and this is about compensating for that.

A summary of points raised by MRB included:

- Queried how the proposed figure of $50 per day was arrived at? Felt it was too low and in no way covered costs.
  In response: This figure was consistent with what other DHBs offer; it was also a matter of applying principles; treating everyone equally; and leaving it to the individuals to decide as to whether they wished to be involved. The same value would apply for youth.
- The way to reimburse had been carefully considered, if the figure was higher all those participating would need to be brought on as DHB staff which logistically would be difficult. We need to acknowledge time and effort and $50 would be exempt from taxable remuneration. Currently those engaging receive nothing.
  Other methods of employment ie. via contract or as employed, differ significantly from the aim of this policy on acknowledging consumer participation.
- We may not get engagement if someone chose not to participate for monetary reasons!
- This is a new policy and if MRB don't think the value is fair, then they were welcome to put a figure forward?

- **MRB noted the contents of the report, had discussed and provided feedback, then endorsed in principle the process for implementation of this policy.**

  Moved Na Raihania
  Seconded Beverly TeHuia

FOR INFORMATION

15. CLINICAL SERVICES PLAN (CSP) VERBAL UPDATE

Ken Foote provided a brief overview. The Integrated Workshop held a week prior had been successful and Sapere were now working with feedback received and drafting the CSP. A draft was expected to be available on 4 July.

Consultation Process

As explained to MRB the month prior, we are looking specifically on how we consult with the Māori population in Hawke's Bay, once the first draft of the report has been reviewed by the Executive Management Team, MRB and the Councils.

- There was a difference of opinion and healthy tension around consultation with Sapere relating to a Māori view/input into the Clinical Services Plan.
- Sapere will prepare the first draft, but the DHB own it. Until the report is reviewed there can be no suggestions made that there has been any unfairness within the process or assumptions made that Sapere will be culturally insensitive.

  All the way through consultation with Sapere by many consumers we have clearly reinforced equity and underserved communities, as a priority from the very outset.

  The CSP is only one input in to the next 5 year Strategy. To re-balance funding will mean some pretty tough calls for this DHB.
- Several MRB members were concerned about interpretations that Sapere may give to the Māori language, when addressing inequities. You will always get status quo if they do not reflect the customs and culture of Māori. The suggestion was made that the Clinical Services plan should be owned in partnership with iwi. If not, we will never be close to achieving the NUKA model.

Ken Foote reiterated the importance of having a having a plan in place for consultation with Māori, arranged early, to enable consultation to occur once the Clinical Services Plan has been agreed amongst the parties.

No consultation suggestions were provided.

16. TE ARA WHAKAWAIORA – ORAL HEALTH

MRB members noted the contents of the report and would provide feedback to Patrick, who would forward on to author, Dr Robin Whyman.

GENERAL BUSINESS

NUKA MODEL WĀNANGA – from matters arising

Discussion occurred at the beginning of the meeting under matters arising however the detail is included here:

Representatives from the native American nation visited New Zealand 25 years ago to view Māori. They went back to Alaska and formulated a very successful model that was eventually funded through an approach to the American congress.

- Discussion around unpacking DHB funding
- The Government super impose legislation which obstructs us from progressing
- We need to own the resources to deliver the services. We have providers relying on agencies providing services funded by Government.

If we start with the end in mind and do the right thing - the money will follow. Don't think about the money up front was advised by those from Nuka.

WHĀNAU STORY – CONSUMER EXPERIENCE – additional item to the agenda

MRB received a consumer story related to a whanau recent experience with accessing mental health services.

17. HE NGAKAU AOTEA STRATEGIC PRIORITIES – the way forward for MRB

Due to lack of time, there was no discussion on this topic at the meeting.

There being no further general business, the meeting closed at 12.07pm

Signed: _____

Chair

Date: _____

MAORI RELATIONSHIP BOARD MEETING
MATTERS ARISING (Public)

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
1	12 May 16 13 June 18	**Review form and function of MRB including a Youth Representative:** NKII and MRB to review MRBs composition giving consideration to a Youth Representative. **MRB Terms of Reference**: Discussion around ToR change to include Youth representation – ideas to to Patrick and Chrissie Hape CEO of NKII.	CEO NKII MRB Members	Sept 2017 June	Ongoing
2	7 Sept 17	**Nuka Model Wānanga:** Wānanga at a later date to put forward input into the Nuka Model process.	MRB members		Work in progress
3	9 Aug 17	**Te Ara Whakawaiora - Mental Health (National And Local Indicators):** Mental Health Services to develop proposal, including whānau and community groups, to have greater input into whole of sector approaches, i.e. the Intersectoral Forum.			A review of Alcohol and Other Drugs (AOD) is underway locally and nationally.
4	9 May 18 13 June 18	**Clinical Services Plan (CSP) – Planning for Consultation:** Selling the concept of change and involving people in that change. Need to decide who is best to take this out to stakeholders in the best possible way to get true engagement. No feedback has been forthcoming to date.	 MRB members		 First draft of CSP document provided as Agenda item 14.
5	13 June 18	**Interest Register for MRB:** Update for Fiona Cram re WAI 2527	Admin	June	Actioned
6	13 June 18	**Growing our People by Living our Values – People Plan** If there is any further feedback this would be welcomed by Kate.coley@hbdhb.govt.nz.	MRB members	June	
8	13 June 18	**Consumer Engagement Report and Strategy** – suggested replace the following words “reduce inequities” with “remove inequities”	Kate Coley		To be considered as part of reviewing the Vision for the new “5 Year Strategic Plan”
9	13 June 18	**Te Ara Whakawaiora – Oral Heatlh** Please provide any feedback or queries to Patrick.legeyt@hbdhb.govt.nz	MRB members	June	

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
11	9 May 18	**Strategic Priorities MRB:**			
		a) To finish off **He Ngakau Aotea** in timely manner, another Workshop will be arranged for 22nd May at 9am at the Mahiro Whare.	Patrick LeGeyt		Actioned
		b) Ensure the following are considered when finalising the paper:	MRB Members		Work in Progress
		- Ensure alignment with MRB Terms of Reference			"
		- Ensure to align expectations against the Five Year Strategic Plan			"
		- Apply measures to monitor expectations against DHB's Annual Plan			"
		c) Ensure He Ngakau Aotea is on the agenda for discussion at the MRB Meeting on 12 June 2018	MRB Members		Actioned, included on Workplan
		d) Following this meeting, the paper needs to be finalised for issue by Friday 29 June 2018			"
		e) Request time at the Clinical and Consumer Council meetings on 11 and 12 July to discuss – as a courtesy.	Heather / Patrick		"
		f) Schedule time at the HBDHBs Board Meeting on 25 July 2018.	Admin		"
	13 June 18	No discussion was the finallisation of **He Ngakau Aotea** occured at this meeting**.**			
		Function of MRB – strategic direction discussions and document "He Ngākau Aotea" to be finalised for issue.			Agenda Item 12 July 2018 Clinical/Consumer agendas in August Board agenda August 2018

Maori Relationship Board Workplan as at 4 July 2018 - subject to change	Presenter	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**BOARD Meeting date**
Clinical Services Plan Monthly Update (aug, sep, oct)		Ken Foote	8-Aug-18	8-Aug-18	9-Aug-18	29-Aug-18
Matariki Regional Development Strategy and Social Inclusion Strategy update		Kevin Snee	8-Aug-18	8-Aug-18	9-Aug-18	29-Aug-18
Te Ara Whakawaiora - Access 0-4 / 45-65 yrs (local indicator)		Kevin Snee	8-Aug-18	8-Aug-18	9-Aug-18	29-Aug-18
HBDHB Performance Framework Exceptions Q4 Feb/May/**Aug 18**		Kevin Snee	8-Aug-18			29-Aug-18
He Ngakau Aotea - Strategic Priorities for MRB - FINAL		Patrick LeGeyt	8-Aug-18	8-Aug-18	9-Aug-18	29-Aug-18
Annual Plan 2018/19		Chris Ash	12-Sep-18	12-Sep-18	13-Sep-18	26-Sep-18
Clinical Services Plan Monthly Update (aug, sep, oct)		Ken Foote	12-Sep-18	12-Sep-18	13-Sep-18	26-Sep-18
Establishing Health and Social Care Localities in HB (Mar 18,**Sept)** - update on activity		Chris Ash	12-Sep-18	12-Sep-18	13-Sep-18	26-Sep-18
Te Ara Whakawaiora - Breastfeeding (National Indicator)		Kevin Snee	12-Sep-18	12-Sep-18	13-Sep-18	26-Sep-18
Clinical Services Plan Monthly Update (aug, sep, oct)		Ken Foote	10-Oct-18	10-Oct-18	11-Oct-18	31-Oct-18
Te Ara Whakawaiora - Alcohol and other Drugs (National and Local Indicators)		Kevin Snee	10-Oct-18	10-Oct-18	11-Oct-18	31-Oct-18
Te Ara Whakawaiora - Cardiovascular (National Indicator)		Kevin Snee	10-Oct-18	10-Oct-18	11-Oct-18	31-Oct-18
Te Ara Whakawaiora - Improving Access Indicator		Kevin Snee	10-Oct-18	10-Oct-18	11-Oct-18	31-Oct-18
Health Equity Report		Colin Hutchinson/Claire Caddie	14-Nov-18	14-Nov-18	15-Nov-18	28-Nov-18
Te Ara Whakawaiora "Smokefree update" (6 monthly May-**Nov**) each year		Kevin Snee	14-Nov-18	14-Nov-18	15-Nov-18	28-Nov-18
HBDHB Performance Framework Exceptions Q1 **Nov 18** Feb 19 /May/Aug 19		Kevin Snee	14-Nov-18			28-Nov-18
People Plan (6 monthly - **Dec**, Jun)		Kate Coley	5-Dec-18	5-Dec-18	6-Dec-18	19-Dec-18
Ngatahi Vulnerable Children's Workforce Development - annual progress **Feb 19**		Colin Hutchinson/Claire Caddie	13-Feb-19	13-Feb-19	14-Feb-19	27-Feb-19
HBDHB Performance Framework Exceptions Q2 Nov 18 **Feb 19** /May/Aug 19		Kevin Snee	13-Feb-19			27-Feb-19

MĀORI RELATIONSHIP BOARD
CHAIR'S REPORT

Verbal Update

HAWKE'S BAY District Health Board Whakawāteatia	**GM Monthly Māori Health Report**
	For the attention of: **Māori Relationship Board**
Document Owner:	Patrick LeGeyt, General Manager (GM) Māori Health
Month:	June 2018
Consideration:	For Information

RECOMMENDATION

That the Māori relationship Board:

1. **Note** the content of this report.

MĀORI HEALTH SERVICES

The position of General Manager Māori Health has recently been recruited and filled permanently. This presents an opportunity to review Māori Health Services to ensure it has the the form and function to best leverage Maori health gain.

Māori Health Services covers a broad range of aspects which largely fall into the following categories:

Strategic:

- Māori Relationship Board management and administration
- Iwi/Māori stakeholder management
- Input into strategic planning

Equity System Development, Support and Monitoring:

- Planning, funding, procurement and contracts management
- Performance reporting and monitoring
- Equity and service improvement projects
- Project team support

Workforce development:

- Turuki Workforce Development
- Cultural Competency
- Nursing leadership and support

Support Services:

- Cultural advice
- Consumer engagement
- Ceremonial support
- Social support services

Māori Health Services consists of two teams - Māori Health Improvement Team and Māori Health Operations Team.

The Māori Health Improvement Team (MHIT)

MHIT works collaboratively with the whole health sector to deliver its key purpose:

> *"To influence the focus and achievement of equitable health outcomes for Māori in Hawkes Bay"*

MHIT has a strategic funding role delivered by the Māori Health Programme Manager (currently vacant). The Māori Health Portfolio funding package is $6.3m and covers a range of NGO contracts largely with Māori health providers and Price Volume Schedule (PVS) funding transfers with HBDHB Provider Services and Population Health.

The roles and functions of the Māori Health Improvement Team operate outside of the funder portfolio are focused on leading Māori health equity improvement across the health sector, including providing:

- Leadership and relationships
- High quality information
- Effective analysis, planning, reporting and monitoring
- High quality advice
- Responsive systems, structures and services; and
- Capacity and capability building

MHIT has developed a number of critical success factors and associated objectives that drive the team collectively and individually (as detailed in individual PDRP plans).

Māori Health Operations Team (MHOT)

MHOT provide social support to Māori patients and their whānau who access both the inpatient and outpatient services at Hastings Soldiers Memorial Hospital. The MHOT service plan objectives are to:

- Ensure whānau in inpatient care are supported with health literacy, linked and navigated through the health system
- Ensure Māori mental health patients are appropriately supported
- Reduce the Māori DNA FSA rates
- Ensure the Safe Sleep Programme is offered to all new mothers
- Effectively reconnect whānau to primary care and other support services
- Provide culturally effective engagement with health professionals

Currently the GM Māori Health has a staffing of 30.0 FTE with nine direct reports. This will require a realignment of service leads based on the grouping core functions within Māori Health Services – Equity System Development, Support and Monitoring; Workforce Development; and Support Services.

HBDHB NURSING STRATEGY

The Nursing Director Māori Health continues to support the development of the Hawkes Bay DHB Nursing and Midwifery strategy completion tagged for Dec 2018. The focus of the strategy are the DHB values and incorporating elements of NUKA model to complement and embed into future nursing profile and overall approach to nursing care and delivery.

A key input has been the completion of the Maori nursing component of the nursing workforce strategy: Highlights of strategy include:

- Tuakana / Teina approach – Kaupapa to utilize the capability of the Māori nursing workforce to
- Undergraduate leadership pathway -Invest in developing pathway for two Māori nursing students within , Year 3 of nursing programme over 5 year period from employment through to completion post-graduate and chosen leadership pathway.
- Maori Health / Nursing symposiums - Investment in Maori health within suite of nursing development workshops – Support kaupapa Maori and contemporary Maori health knowledge to include , equity workshops for nursing leaders, ethics and tikanga workshops,
- 2 Maori nursing leadership hui a year - to support and promote leadership and knowledge growth from within a Māori world view.
- Invest in cultural supervision training – senior Māori nurses
- Support and review Professional Development Recognition Programme and data identifying markers that reflects growth within nursing workforce of kaupapa Māori markers that enhance delivery of care to Māori.

Research Committee

Recruited on the research committee as a Maori representative. Currently appears to be limited processes or policy in approving research. Reviewing currently and will access support from Dr Fiona Cram in supporting policy to support research committee processes.

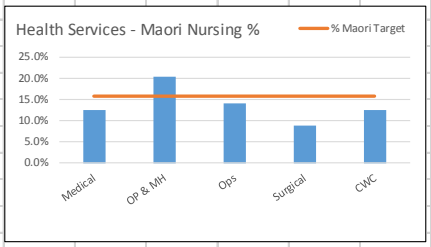
Audit EIT Masters of Nursing

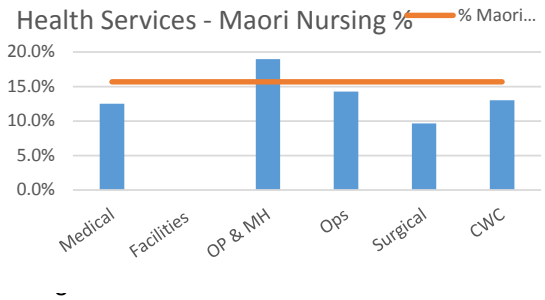
The Nursing Director Māori Health is involved audit team to accredit the new Masters of Nursingat EIT. The Masters has strong Māori and Indigenous paper led by Dr David Tipene Leach and will start in July 2018.

National Māori Nursing workforce projection

April Maori nursing % 12.9 % - Aim 15.68% No. 206/1600

Nursing						
	Maori	Total	% Maori	% Maori Target	Gap	
Health Services - Maori Nursing %						
Medical Directorate	57	453	12.6%	15.68%	14	
Facilities	0	0	0.0%	15.68%	0	
Old Person, MH, AH & Options	31	153	20.3%	15.68%	-7	
Operations Directorate	42	296	14.2%	15.68%	4	
Surgical Directorate	29	326	8.9%	15.68%	22	
Communities, Women & Children	47	372	12.6%	15.68%	11	
Health Services - Maori Nursing % Total	**206**	**1600**	**12.9%**	**15.68%**	**44**	

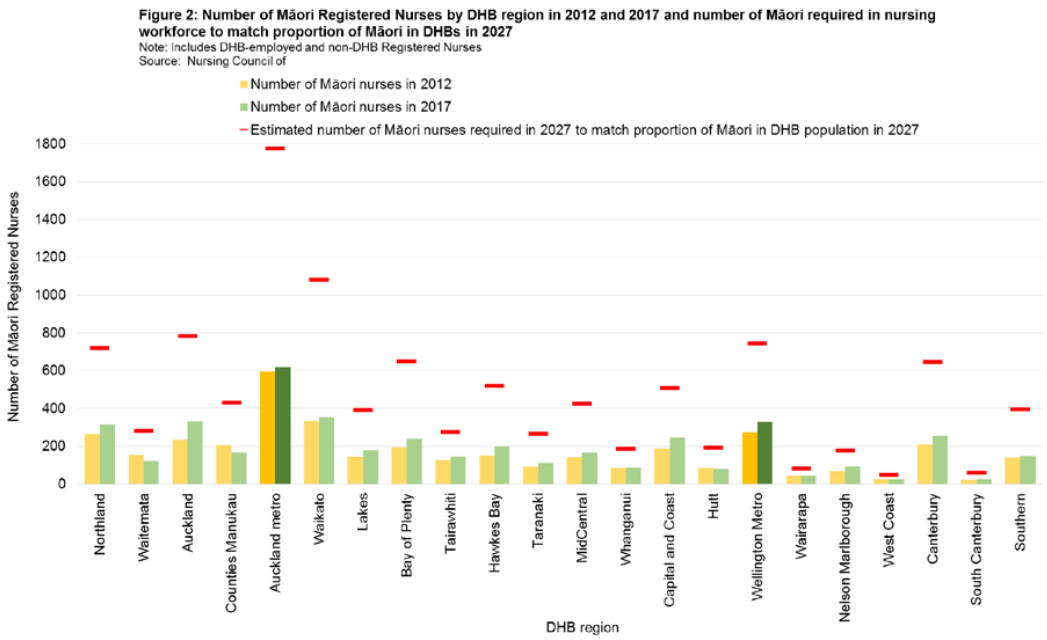




	Maori	Total	% Maori	% Maori Target	Gap
	57	456	12.5%	15.68%	15
	0	0	0.0%	15.68%	0
	29	153	19.0%	15.68%	-5
	43	301	14.3%	15.68%	4
	32	332	9.6%	15.68%	20
Communities, Women & Children	49	377	13.0%	15.68%	10
Health Services - Maori Nursing % Total	210	1619	13.0%	15.68%	44

May Māori Nursing workforce projection – 13% - Aim 15.68% No 210/1619

National Projection – 2027 = 600 Maori nurses



POLICY REVIEWS

Māori Health Service finalized the review of the following policies which were due for review:

i) Treaty of Waitangi Responsiveness Policy - OPM083
ii) Tikanga Māori Policy - OPM006
iii) Reducing Inequalities Best Practice Guidelines Whanau Ora - OPM067
iv) Programme Service Planning Guidelines - Working with Maori Populations - OPM066

TŪRUKI MĀORI WORKFORCE DEVELOPMENT STRATEGY

Careers Expos

Tūruki participated in local career expos focusing on Maori high school students and whanau. This expo was held at the Pettigrew-Green Arena in Taradale. A second event for Tūruki will be at the new expo hosted by Programme Incubator called “Earn and Learn”. This is an opportunity to showcase technician roles, assistant roles, support worker roles that are vital to the day to day functioning of the health system. This showcases other “careers in health that do not require a university degree or qualification (Incubator 2018), however relevant training and qualifications can be achieved whilst working.

HWFNZ Funding Round

HWFNZ Funding round opened May 21 and closed June 20th. We have received 24 enquiries and these applications will be processed in the next few weeks.

Kia ora Hauora Tū Kaha.

The current date for 2018 Tū Kaha conference is July 11- July 13. Tūruki (HBDHB) Regional programme member have advised the planning committee of the clash with the second national Nursing strike action planned for the July 12. This strike action places significant pressure on DHB’s management as all clinical staff will be called to the floors for patient care.

Negotiations are still being held with NZNO and MOH, a more formal announcement will be made later today June 25th.

NGĀTAHI WORKFORCE DEVELOPMENT PROJECT

The Steering Group agreed that the foundational values and principles of the workforce development programme;

a) Must be located within the strengths of the whānau collective.
b) The health, wellbeing and safety of the child/young person is paramount, however, must be considered inclusive of the needs of whānau.
c) Facilitation skills must coordinate best practice and include enhancing the mana of the whānau over-all.
d) Facilitating best practice should empower and enable the whānau to participate in identifying the issues, provide a diagnosis and find a solution to the problems and issues confronting whānau.
e) ‘Kaitiakitanga’ implies a ‘duty to act and care’.
f) Whanaungatanga determines whānau roles and responsibilities, which includes the accountability for the care of children and young people.
g) A holistic approach is to be able to manage a range of differing variables identified through the ‘Hui’ process (involving the application of tikanga and Kawa).
h) Having the ability to demonstrate the courage to make a stand, go the extra mile working through sometimes difficult situations.
i) Kanohi ki Kanohi – to face the difficult issues head on in sometimes complex situations.
j) Tika & Pono – remain truthful and righteous particularly working with already stretched whānau dynamics and a dysfunctional environment.
k) Hui means, full and active participation in decision-making is important.

Ngātahi Domains & Platforms for Service Delivery

The Ngātahi domains and platforms for Service Delivery have been designed to incorporate a range of teaching workshops to strengthen the cultural competency of the participating workforce members. The Ngātahi Steering Group have recommended that the following Pou be introduced to capture the symbolism of our approach in order to embed the tikanga attached to each learning and teaching domain.

Intervention Objectives	Te Kore [potential knowledge]
Te Tamaiti He Taonga As the sapling is bent, so too the tree will grow	How does a decision affecting a child or young person affect; (i) The welfare of that child or young person; and (ii) The stability of that child or young person's whānau, hapū, or whānau grouping. (d) The wishes of the child or young person in circumstances giving regard to age, maturity, and culture of the child or young person. (g) The child or young person's age, identity, cultural connections, education, and health.
Intervention Objectives	**Te Kore [potential knowledge]**
Kaitiakitanga A Tōtara tree does not stand alone in the field, but stands within the great forest of Tāne	In all matters relating to the administration or application of Kaitiakitanga the welfare and interests of the child or young person shall be the first and paramount consideration, however, must have regard to collective actions and/or intervention activities.
Intervention Objectives	**Te Kore [potential knowledge]**
Rangatiratanga The food of a Chief is Rhetoric	Wherever possible the relationship between a child or young person and his or her family, whānau, hapū, and family group should be maintained and strengthened.

Intervention Objectives	Te Kore [potential knowledge]
Tikanga Welcome on the Broad-back of Daylight	The aim of child protection laws is to promote the well-being of children, young people, and their whānau. The workforce seeks to do this by: Establishing and promoting appropriate, accessible, and culturally sensitive services within the community that will advance the well-being of children, young people, and their whānau. Helping parents and whānau to care for their children and young people. Assisting children or young people whose relationship with their whānau has broken down. Protecting children and young people from harm. Encouraging co-operation between organisations who provide services and facilities for children, young people and whānau.

Intervention Objectives	Te Kore [potential knowledge]
Tūhonohono The wedge may be small but it can fragment the Tōtara – a small effort properly applied can attain success	When a child or young person is removed from their whānau then wherever practicable they should be returned to and kept safe within that whānau. When a child or young person can't remain with, or be returned to their whānau, then priority should, where possible, be given to someone who is a member of the child or young person's whānau, hapū or iwi. Links with their family, whānau, hapū, iwi or family group are maintained and strengthened.

Intervention Objectives	Te Kore [potential knowledge]
Whanaungatanga As clouds bedeck the heavens, so too birds need feathers to fly	The principle that wherever possible, a child's or young person's whānau, hapū, iwi, and family group; Should participate in the making of decisions affecting that child or young person, and accordingly that wherever possible, regard should be had to the views of the whānau, iwi, and family group.

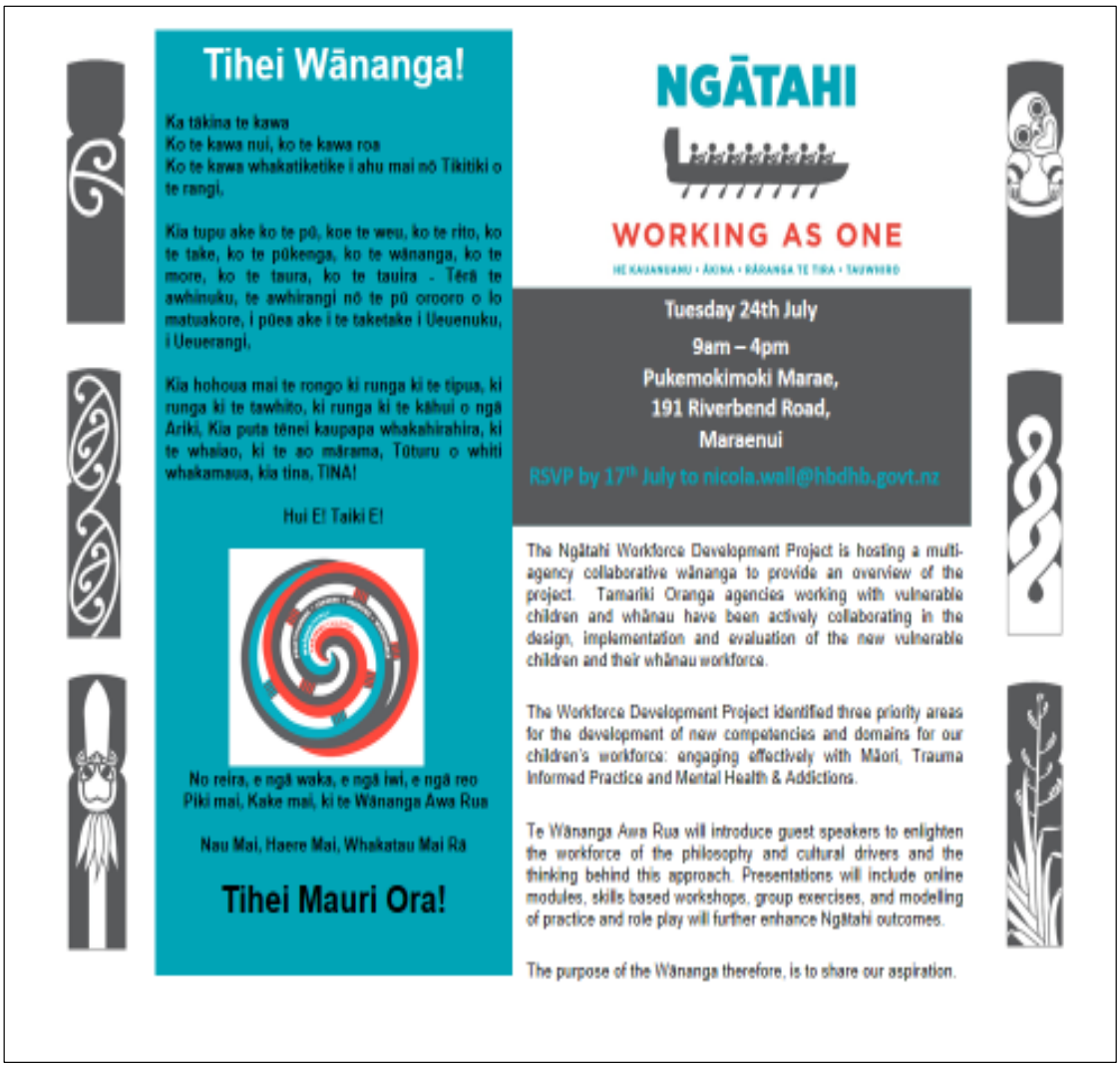
The Ngātahi project in Hawke's Bay is designed to improve the skills of those who work with the most vulnerable children across the health, social services and education sectors including Kaupapa Māori, government and non-government organisations. It's intention and vision is "Towards Better Outcomes for Vulnerable Children and their families. Central to the philosophy of Ngātahi is intersectorial collaboration across 24 organisations (441 staff) who work with vulnerable children, adolescents and their families in the region.

The importance of maintaining momentum and a collective voice in the development of Ngātahi is essential to its success. Evaluation of the first phase of the Ngātahi project identified the importance of a bicultural approach, the need for a values-driven and bottom up approach, and the importance of engagement and co-creation. It is timely now to consider bringing Ngātahi to the community and ensure they see that we remain driven within this focus. As well it will allow the group to reflect and be reminded of the kaupapa.

For the Ngātahi work-streams, the forum will provide:

- A forum that connects with our community and continues to create and inform.
- Opportunity to connect and confer as a collective and re-confirm our kaupapa.
- To re-establish where we are currently with *Ngātahi* within the 3 year timeframe within work streams.
- To reflect on the mahi completed and the future mahi to ensure *Ngātahi* becomes a reality.

Nau mai, Haere mai, Whakatau mai rā;



HB CLINICAL COUNCIL

Verbal Update

HAWKE'S BAY
District Health Board
Whakawāteatia

VIOLENCE INTERVENTION

Presentation

HE NGAKAU AOTEA – STRATEGIC PRIORITIES

12

Late Paper

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora - Smokefree**
	For the attention of: **Māori Relationship Board, HB Clinical and Consumer Councils and HBDHB Board**
Document Owner	Kevin Snee, Chief Executive Officer
Document Author(s)	Johanna Wilson, Acting Smokefree Programme Manager
Reviewed by	Shari Tidswell, Intersectoral Development Manager; Julie Arthur, Midwifery Director; Justin Nguma, Senior Health & Social Policy Advisor and Executive Management Team
Month/Year	June 2018
Purpose	To provide the Executive Management Team (EMT) with an overview of the six months implementation progress on the Smokefree plan for discussion.
Previous Consideration Discussions	Reported six monthly.
Summary	**Smokefree (On Track)** ***95% of all patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice and support to quit smoking.*** • HBDHB achieved 95.5% in Quarter two and 95.7% in Quarter three. Health practitioners in secondary care continue to achieve the 95% target of all patients who smoke aged 15 years and over, are offered brief advice and offered support to stop smoking. ***90% of PHO enrolled patients who smoke have been offered help to quit by a health care practitioner in the last 15 months.*** • Health HB achieved 90% in Quarter two and 88.9% in Quarter 3 with 9/25 practices meeting the 90% target and 14/25 practices within 10% of the target. GP practices and staff receive support from an independent nurse who contacts patients who smoke and updates patient smoking status in ten practices. The DHB Smokefree Coordinator based in Wairoa, contacts and updates patient smoking status in the Wairoa GP practices. **Smokefree (Not on track)** ***90% of pregnant women who identify as smokers upon registration with a Lead Maternity Carer are offered brief advice and support to quit smoking.*** • Women Smokefree Status at Booking by Lead Maternity Carer for the period 1 January to 31 March 2018 identified a total of 515 pregnant women at booking, 121 (23.54%) were smokers and 13 had an unknown status (2.53%). <u>We note data issues for the following</u>:

	90% of young pregnant Māori women were referred to cessation support. • Data collection was based on all Māori women • Data provided by the DHB employed midwives for the period 1 January – 31 March 2018 identified 24 of 25 Māori women were smokers. Seventeen (70.8%) received smoking brief advice, fourteen, (82.4%) were offered support to quit smoking and six (42.9%) were referred to cessation support services. ***95% of pregnant Māori women who are smokefree at 2 weeks postnatal.*** • Data collection is based on women smokefree status at discharge by Lead Maternity Carer (LMC) • Women smokefree status at discharge by LMC for the period 1 January to 31 March 2018 identified 83 (43%) of Māori women were smokers and 6 Māori women had an unknown status (3%). (See table 4).
Contribution to Goals and Strategic Implications	Improving health outcomes for pregnant women and their whānau. Health equity – smoking at time of registration and at two weeks postnatal is more common among Māori women. Transform and Sustain – increasing focus on prevention.
Impact on Reducing Inequities/Disparities	Directly aligned to addressing inequity for Māori women and their whānau.
Consumer Engagement	Not applicable.
Other Consultation /Involvement	Face to face interviews were conducted and recorded with pregnant women and post-natal women to help understand why pregnant women continue to smoke during and after birth.
Financial/Budget Impact	Not applicable
Timing Issues	Not applicable
Announcements/ Communications	Not applicable

RECOMMENDATION:

That the **Māori Relationship Board, HB Clinical and Consumer Councils and HBDHB Board**

1. **Note** the content of the report
2. **Support** the next steps.

HAWKE'S BAY
District Health Board
Whakawāteatia

Te Ara Whakawaiora - Smokefree

Author:	Johanna Wilson
Designation:	Acting Smokefree Programme Manager
Date:	June 2018

OVERVIEW

Following concerns from the National Māori General Managers (Tumu Whakarae) about the slow pace of progress on some indicators in reducing health disparities for Māori, the Hawke's Bay DHB Executive Management Team (EMT) decided to establish a championship role in 2013 for each of the indicators to spur faster traction on implementation. The Champions were tasked to provide the Board with six monthly Te Ara Whakawaiora (TAW) exceptions based report drawn from AMHP quarterly reporting highlighting the implementation progress on these indicators along with recommendations for improvement towards achievement of the annual targets and reducing health disparities. This report is from Kevin Snee, Champion for Smokefree Indicator.

MĀORI HEALTH PLAN INDICATOR: Smokefree

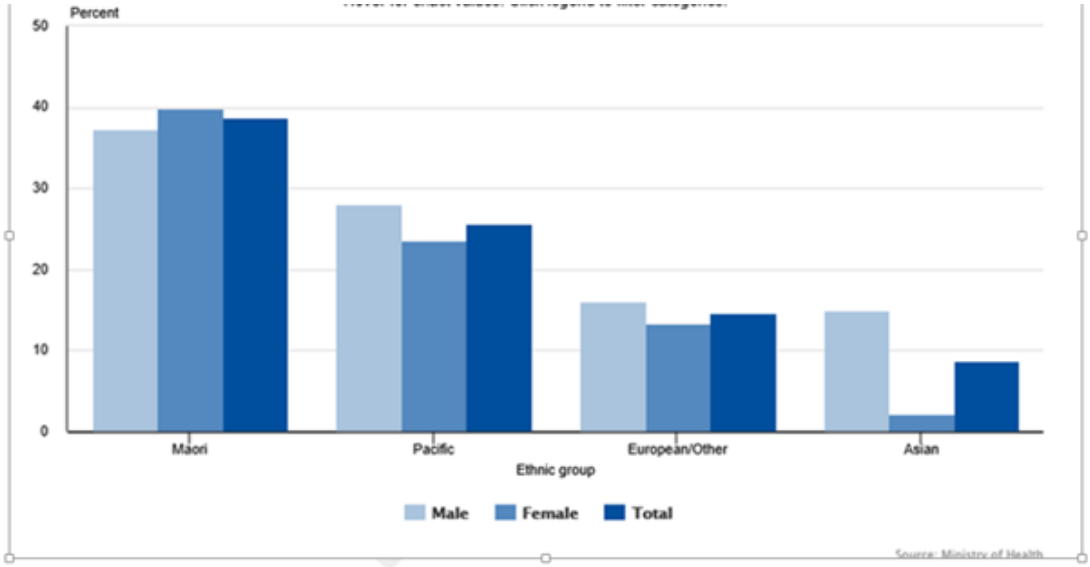
This report provides an update on programmes related to Māori pregnant women and Māori women at two weeks postnatal:

- 90% of pregnant women who identify as smokers upon registration with a Lead Maternity Carer are offered brief advice and support to quit smoking
- 90% of young pregnant Māori women are referred to cessation support
- 95% of pregnant Māori women who are smokefree at 2 weeks postnatal.

According to the 2014 Health Equity Report, tobacco use was cited as the single biggest underlying cause of ill health and inequity of death rates in Hawke's Bay. More Māori are known to be dying from smoking related causes than non-Māori. Based on the Statistics New Zealand[1] data published in 2017, Māori had the higher proportion of smokers than non-Māori.

[1] http://archive.stats.govt.nz/browse_for_stats/snapshots-of-nz/nz-social-indicators/Home/Health/tobacco-smoking.aspx#info3

Figure 1: Proportion of Population who currently Smoke Tobacco



Source: Statistics New Zealand, Ministry of Health

As shown in the National Health Survey (Figure 1), the rates of tobacco smoking are higher among Māori than non-Māori with highest rates of smoking among Māori women (36.5%). This smoking behaviour among women continues even when they are pregnant. While rates of tobacco use have declined over the years, the rates for Māori are not declining fast enough to reach equity levels let alone meeting the national 2025 smokefree target of less than 5%[2].

WHY IS THIS INDICATOR IMPORTANT?

Although there has been a reduction in the overall smoking prevalence in Hawke's Bay from 25% in 2006 to 18% in 2013, Māori smoking rates (36%) are over double those of non- Māori, Non-Pacific (14%). Māori women aged 20 – 29 years have the highest smoking rate of all groups, at 49%. Smoking is most prevalent in high deprivation areas – almost half of the smoking population in Hawke's Bay (475) lives in deprivation areas 9 and 10.

Maternal smoking is the largest modifiable risk factor affecting foetal and infant health in the developed world and the percentage of women smokers in the Hawke's Bay region is a major health concern. Data collected in Q2 (Oct-Dec 2017) shows 24.5% of women booking at maternity care were smokers. Out of these, 47.9% were Māori, 14.6% were Pacific Islanders and 12.9% were Europeans (Table 1).

Table 1: Women Smoking Status at Booking 2017/18 by Ethnicity

	Smokers		Non-Smokers		Unknown	
Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**
Māori	347	47.9%	377	52.1%	19	-
Pacific Islander	19	14.6%	111	85.4%	4	-
European	134	12.9%	905	87.1%	26	-
Asian	1	0.8%	132	99.2%	2	-
Other	0	0.0%	23	100.0%	0	-

[2] Regional Tobacco Strategy for Hawke's Bay update, 2015 – 2020 presented at the MRB, HB Clinical and HB Health Consumer Council, November 2016, update.

As shown in Table 2, these rates showed no significant improvement at discharge, as 41.7% of Māori and 14.1% for Pacific Island women were still smokers.

Table 2: Women Smoking Status at Discharge 2017/18 by Ethnicity

	Smokers		Non-Smokers		Unknown	
Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**
Māori	293	41.7%	410	58.3%	40	-
Pacific Islander	18	14.1%	110	85.9%	6	-
European	112	11.3%	877	88.7%	76	-
Asian	1	0.8%	131	99.2%	3	-
Other	0	0.0%	22	100.0%	1	-

This indicator continued to perform poorly in Q3 of 2017/18 (Jan-March 2018). As shown in Table 3 45% of Māori women were reported to be smokers at booking and only dropped by 2% to 43% at discharge as shown in Table 4.

Table 3: Women Smoking Status at Booking 1 Jan – 31 March 2018 by Ethnicity

	Smokers		Non-Smokers		Unknown		Total
Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**	
Māori	86	45%	103	53%	4	2%	193
Pacific Islander	0	0%	19	86%	3	14%	22
Other	34	11%	259	87%	5	2%	298
Not Stated	0	0%	1	50%	1	50%	2
Total	120	23%	382	74%	13	2%	515

Table 4: Women Smoking Status at Discharge 1 Jan – 31 March 2018 by Ethnicity

	Smokers		Non-Smokers		Unknown		Total
Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**	
Māori	83	43%	104	54%	6	3%	193
Pacific Islander	0	0%	22	95%	1	5%	22
Other	28	9%	256	86%	14	5%	298
Not Stated	0	0%	2	100%	0	0%	2
Total	111	22%	383	74%	21	12%	515

CHAMPION'S REVIEW OF ACTIVITY THAT WAS PLANNED TO SUPPORT THIS INDICATOR

Pregnancy is a strong motivator to quit and first-time mothers are the most receptive to cessation advice. Early antenatal advice about the benefits of quitting for baby and her health is crucial alongside obtaining her consent to be referred for cessation support. Some women quit on their own, while others appreciate support to quit and for some, the smoking addiction is so strong that they won't even attempt to quit despite knowing the risks for baby and their own health. The challenges associated with smoking cessation efforts in HBDHB are captured in anecdotal stories from interviews with Wāhine Hapū and their whānau on their journey to become smokefree as presented in Appendix One.

1. Maternity Services

Lead Maternity Carers (LMCs) and HBDHB midwives have a key role in health and wellness promotion and education for the woman, her whānau and the community. LMCs and DHB midwives encourage and assist women and their whānau to take responsibility for their health and that of the baby by promoting healthy lifestyles.

Over the last six months, DHB Maternity services have kept the importance of a smokefree pregnancy and environment by achieving the following:

- Update of the maternity booking form paperwork to better reflect recording of smokefree status, brief advice and referrals to Quit services
- All registered staff in Maternity have received education and training around screening, brief advice, use of Nicotine Replacement Therapy (NRT) and referral pathways for women, partners and whānau who are not smokefree. All staff are asked to discuss their smokefree practice as part of the Performance Development Review (PDR) process
- Free NRT and Quit Cards are available to women and support people in Maternity regardless of readiness to engage with a formal Quit service

- Strong smokefree message entwined with other health practices such as breastfeeding and safe sleep
- Resources available for women not ready to become smokefree encouraging the smokefree message but also making the details for Quit services available when they are ready for this
- Monitoring of targets around providing smokefree advice to >95% of women booking with DHB Maternity services and discharging from Maternity services. Review of all women not receiving advice is undertaken to determine reasons for advice not being given to improve systems.
- However, there were a small number of genuine emergencies when women are not asked their smokefree status and not given smoking brief advice.

2. Increasing Smokefree Pregnancy

HBDHB Smokefree team. in partnership with Choices Kahungunu Health Services. have been supporting Wāhine Hapū and Wāhine with pepe under six months to be smokefree since 2014.

A review of the Wāhine Hapū – Increasing Smokefree Pregnancy Programme in October 2015 identified seven key recommendations:

- Market the programme as whānau opportunity to quit smoking for the new baby
- Promote the programme directly to pregnant women and their whānau to increase self-referrals
- Promote the programme more widely in the health and social sector
- Enhance the incentive package to include whānau members
- Improve the ease and speed of the referral process
- Increase cessation support capacity
- Improve the quality of the programme data and outcome analysis.

The HBDHB has adopted the recommendations with the following adjustments to the programme:

- Inclusion of incentivised package for close whānau members
- Accept referrals from the Special Care Baby Unit, Paediatrics, Te Ara Manapou, GP practices, pharmacies and Well Child Tamariki Ora providers
- A small number of women and whānau have self-referred as a result of viewing the Te Haa Matea facebook page or hearing about the programme via a friend or whānau member
- Te Haa Matea provide cessation support across all services
- Referral process and monitoring of progress and resources adjustments made in response to these findings

Total referrals for smokefree cessation support in 2017 were 357 is presented in Table 5. (57% of women were smokers at booking).

Table 5

Referrals from	Number	Percentage	Ethnicity	Number	Percentage
Antenatal	260	73%	Māori	239	67%
Postnatal	33	9%	NZ European	106	30%
Whānau	64	18%	Pacific Islander	6	1.7%
			Other	4	1.3%

When first contacted, 173 women and whānau agreed to enrol in the Wāhine Hapū programme. Referrals received within the DHB were contacted by the Smokefree team to encourage engagement with the programme. The Smokefree Co-ordinator in Wairoa runs cessation clinics parallel to the antenatal midwife clinics. Of the 173 (48%), 57 participants (33%) of women and whānau completed the 12 week programme.

Challenges to keeping women and their whānau on the programme have been:

- The time between the referral received and a stop smoking practitioner contacting them has given them the opportunity to decline the programme
- Incorrect contact details or are not contactable, once the referral has been received
- Setting a quit date and remaining smokefree in their first week is not always achievable. 43% of those who engaged with the programme initially, did not reach the 1 week carbon monoxide validation.

The communities where young Māori women live, socialise and belong is also the community in which they learn to smoke, keep smoking and try to quit. The relationships young Māori women have with their whānau and friends influence their smoking. Smoking can be a big part of a young woman's life as many of her whānau, friends, school mates, workplace and social circles smoke. In many instances young Māori women start smoking because their whānau and friends smoke and when socialising, the smoking increases as the two often go together.

As part of the Wāhine Hapū programme, women and whānau who complete the programme are encouraged to share their smokefree journey. They may opt to be interviewed by a Stop Smoking Practitioner or complete a smokefree survey either on-line or paper copy. The collection of stories gives the DHB Smokefree Team opportunities to review the programme. In the last quarter, DHB stop smoking practitioners were able to conduct face-to-face interviews with three whānau, using set of questions, delving into their smoking history, their smokefree journey and what it means to be smokefree.

Major findings from the interviews were: -

- Age of initiation
  "I was 12 years old when I had my first cigarette"
  "I was 13"
  "I started smoking at age 15"
  "16 when I started"
- Peer pressure
  "*All my friends were doing it*"
- Looks
  "I thought it was cool at the time"
  "I just wanted to be grown up and be cool"
- Risky behaviour
  "*I would steal one of my mum and dads"*
- Treat / Reward
  "As long as the kids were taken care of, I didn't mind treating myself to smoke, it was my reward".

See Appendix One – Interviews for the full details.

3. Community engagement with pregnant women and their whānau

Providing GP practices with the Wāhine Hapū resources, The Top Five to help my Baby Thrive resource and Te Haa Matea business cards provides opportunities for clinicians to have smoking brief advice conversations with pregnant women and to see cessation support early in their pregnancy. The GP or practice nurse who confirms the pregnancy is able to guide the woman to find a midwife and the benefits in being smokefree. GP practices are gaining confidence in referring pregnant women to the HBDHB Wāhine Hapū programme.

HBDHB (as part of Te Haa Matea) are working in partnership with eleven community pharmacies who provide smoking brief advice, behavioural and motivation support, NRT for one week and a referral pathway to Te Haa Matea.

The focus is on the following priority populations:

- Pregnant women, young Māori and Pacific women especially in conjunction with a pregnancy test or emergency contraception pill provision
- Māori and Pacific women with asthma, or Māori and Pacific women with asthmatic children
- Māori and Pacific populations.

All eleven pharmacies have received the Wāhine Hapū resources and the Te Haa Matea business cards.

Te Haa Matea continues to support pregnant women and their whānau to become smokefree through the Wāhine Hapū programme and Tame Your Taniwha challenge. HBDHB provides smokefree education, training and support to Te Haa Matea partners.

HBDHB are working on approaches which integrate hauora – first steps have been the Top Five to help my Baby Thrive promotion, links to Safe Sleep and Breastfeeding promotion. There is now opportunity for the kaupapa be part of the Kaupapa Māori maternity programme.

4. Innovation and Incentivised programmes

HBDHB developed and implemented the Tame Your Taniwha Challenge. This is an eight week quit challenge for teams of three with a prize to be won at the end of the eight weeks and is open to anyone who smokes and over the age of eighteen years. The first challenge was from the 2nd October to 30th November 2017. Eighteen teams of three took up the challenge with the winners coming from Silver Fern Farms in Central Hawke's bay. The second challenge was from 2nd April to 31st May 2018 (World Smokefree Day). Three of the seventeen teams registered had pregnant women and their whānau participating. The winners were Mr Apple – Central with a Māori pregnant woman and her partner's parents, both Samoan.

HBDHB continues to provide the Wāhine Hapū programme to support pregnant women, women with babies up to the age of six months and their whānau to become smokefree, provide a smokefree home and car for all the whānau.

CHAMPION'S REPORT: ACTIVITIES THAT WILL OCCUR TO INCREASE PERFORMANCE OF THIS INDICATOR

Hospital Smokefree Target

1. The DHB Smokefree team will continue to provide smokefree education sessions for all staff as required.
2. Clinical staff continue to be encouraged to complete the MoH online e-learning tool 'Helping People Stop Smoking' every three years and complete the Nicotine Replacement Therapy Module via Ko Awatea. It is important for all clinical staff to review and receive up-to-date knowledge of smokefree to improve practice and increase confidence with cessation.
3. The Smokefree team will continue to triage all hospital patients who smoke and want help to quit smoking.

Primary Health Organisation Smokefree Target

1. The Smokefree team will continue to work in partnership with Health Hawke's Bay to promote World Smokefree Day in practices
2. All clinical staff in GP practices continue to be encouraged to complete the MoH online e-learning tool 'Helping People Stop Smoking' and complete a refresher every three years
3. The Smokefree team will continue provide Wāhine Hapū and The Top Five to help my baby thrive resources and Te Haa Matea business cards to all GP practices
4. The Smokefree team will meet with GP Smokefree Champions in the next quarter to evaluate the use of smokefree resources in practices.

Maternity Smokefree Target

1. The Smokefree team will meet with the Maternity service to discuss providing LMC's who work with Māori pregnant women Maternity Smokerlyzers to support the need to quit smoking while pregnant, provide smoking status in all documentation and evidence to refer to the Wāhine Hapū programme
2. The Smokefree team will provide an audit on the unknown categories of the Women Smokefree status at Booking and Discharge by LMC to identify smokefree missed opportunities
3. The Smokefree team will review the Wāhine Hapū programme
4. The Smokefree team will develop a programme in schools and alternative education to support young Māori women to stay smokefree.

NEXT STEPS AND RECOMMENDATIONS

1. Smokefree Team to develop a logic model plan for equipping LMCs with the Maternity Smokerlyzer (Carbon Monoxide Monitor).
2. Review / evaluate the Wāhine Hapū (Increasing Smokefree Pregnancy Programme) to determine if this is the right programme for pregnant women and their whānau in Hawke's Bay.
3. Link in with the new Whanake te Kuri – Pregnancy and Parenting Education and Information Programme, providing a referral pathway to the Wāhine Hapū Programme.
4. Identify all ante-natal programmes offered in Hawke's Bay to provide a referral pathway to the Wāhine Hapū Programme.
5. Conduct an audit on a selection of patient files with matching NHI numbers from the Smokefree Status at Booking by LMC and Women Smokefree Status at Discharge by LMC for the quarter three period (1 January – 31 March 2018) to address 'unknown' category for miss opportunities for smoking brief advice.

Key Recommendation	Description	Responsible	Timeframe
Ante-natal programmes in Hawke's Bay	1. Link in with the new Whanake Te Kuri – Pregnancy and Parenting Education and Information Programme providing Wāhine Hapū resources and Te Haa Matea business cards and a referral pathway to the Wāhine Hapū programme. 2. Identify all Ante-natal programmes in Hawke's Bay providing Wāhine Hapū resources and Te Haa Matea business cards and a referral pathway to the Wāhine Hapū programme	Johanna Wilson / Smokefree Team	October 2018
Audit patient files	Select a number of 'Unknown' patient files to determine missed opportunity for Smoking Brief Advice from Quarter 3 data (1 January – 31 March) - Women Smokefree Status at Booking and Discharge by LMC data,	Johanna Wilson / Smokefree / Maternity Services / Medical Records	October 2018
Review / evaluate the Wāhine Hapū (Increasing Smokefree Pregnancy Programme)	Conduct an internal review the Wāhine Hapū programme and action the recommendations.	Johanna Wilson / Smokefree Team / Choices Kahungunu Health Services	September 2018
Equip LMC's the Maternity Smokerlyzer (Carbon Monoxide Monitor)	• Meet with Maternity Services. • Develop Logic Model • Identify smoking status of all pregnant women at booking • Promote Wāhine Hapū (Increasing Smokefree Pregnancy Programme) to increase referrals to be smokefree	Johanna Wilson / Smokefree Team / Maternity Team	November 2018

RECOMMENDATION:

It is recommended that the Executive Management Team:

1. **Note** the content of the report
2. **Support** the next steps.

Appendix One - Interviews

Interview with Māori mama, 31 years. Children aged 14, 13, 8, 7, 6, 4, 2 and 2 weeks. Partner is smokefree.

Chrystal started smoking at age 15, she was smoking up to 40 cigarettes per day. Her motivation to stop smoking was for her babies.

She had previously tried 4-5 times to quit. In the past she had used Nicotine Replacement Therapy (NRT) – patches, gum and lozenges. She has also used Champix.

Since quitting, she has noticed a huge financial saving and has a lot more energy. Chrystal continues to have urges to smoke and continues to use the NRT gum and behavioural support from Choices Heretaunga helpful.

Interview with Māori mama, 26 years, at 39.5 weeks pregnant. 8 year old boy and 2 ½ year old boy and partner.

I was 12 year's old when first cigarette, with my friends. Didn't like it, all my friends were doing it. I thought it was cool at the time. I would steal one of my mum and dads, have a little puff and then get real bad headaches.

Our house was auahi kore, everyone had to smoke. Mum and dad didn't want us smoking at all. They knew how addictive it was.

I'm an on and off smoker, like smoke for a couple of years and give up for a couple of years and start back again.

With my first son, I gave up smoking, I didn't smoke throughout that pregnancy and then my second son I didn't smoke throughout that pregnancy either. This is my first time ever, like I didn't smoke throughout the entire pregnancy but I continued without giving up.

I had no support during that time, my partner moved to HB to start up our company and it was just me in Wanganui. The only thing I relied on was my smokes, that's what put me at ease, kept me sane. I had no whānau in Wanganui, so it was like once the kids were at school and day care there was nothing for me to do besides clean my whare, exercise, have a cigarette. As long as the kids were taken care of, I didn't mind treating myself to smoke, that was my reward.

I wanted to stop because I'd never smoked during my pregnancies before and I didn't understand why I started to smoke with my third baby. I think it was more the fact that everything was so full on. We were in the process of moving and I still had my other two boys. It was just something that relaxed me, calmed me. I met the quit smoking team in Wanganui and they showed me all the stuff that happens during pregnancy and that put me off and that's why I quit. I was about five months pregnant. I gave up as soon as I walked out those doors. I was like nah, I'm not going to do this cause it wasn't fair, I didn't smoke with my boys and then all of a sudden I am smoking again.

My goal is not to smoke. Since I have given up, I feel better, like a better person, my partner and I wanted to change our lifestyle a bit. He has given up smoking too that was his new year's resolution so I think because I've quit it's made him quit and I didn't pressure him or anything.

My trigger was boredom. I'm quite busy now. I've got whānau here, I've got appointments, I've got places to go, more opportunities here. We've got our own whare now, like I'm always on the

go, on the move. This is the most active I've been throughout all my pregnancies, that's what stops me from craving.

Interview with pregnant mama and her partner. Aged 34 years. 26 weeks pregnant. One other child aged five years old. Smoked throughout his pregnancy. NZ European.

My dad was a smoker, ever since I was born. I started smoking myself or stealing smokes from him when I was like thirteen. I loved the smell of it cause he use to smoke in the car with us and you know we would sit behind him and we would get the smoke wafting behind so yeah, I kinda loved that smell. I don't get along with him now, so it's great it's not in my world anymore. It was more with mates really, trying to be cool. There was a dairy just up from school and I was with one of my best mates who still to this day, smokes. We just coughed and spluttered and it was the most disgusting thing ever but we tried to be hard arsed and carry on.

I was thirteen when I had my first puff, gradually increased. When I was 15 / 16 years I went to Japan and that was the smoking culture over there was heavy, I was like a packet a day while in Japan.

I fully had that smoking mentally too you know when you see that ad on TV that's like oh don't smoke and it made me want to have a smoke and I was like whatever, don't tell me what to do blah, blah, blah… whatever, I'm going to have five smokes just to spite you. When actual fact it's hurting you, more than hurting them.

Smoked all the way through with the other pregnancy. Looking back I kept all my notes from them. Shit that was real close man that was so close to losing my baby. You don't think about it and like I said that smoking mentality. It's all good, I will do what I want, but I'll cut down but I will still be smoking. You don't understand that it is having such an affect. Looking back on the notes I was hospitalised during my pregnancy, I got a massive infection that went straight to my kidneys so my body is not already as immune as it should be and then during my labour he was like on deaths door from not being able to breathe properly and stuff like that.

I am monitored a lot less in this pregnancy. My midwife is stoked I'm not smoking anymore.

Dave (partner), NZ European, 36 years.

16 when started smoking. I was already out of school at that stage and I just wanted to be grown up and be cool. Me and my mate started at the same time and then we got another couple of friends into it and tried to be cool together and then it went all down-hill from there.

2012 I stopped for almost six months using the first e-ciggie. I didn't really stop until the end of last year. Sometimes when I am drinking I get a craving for my e-ciggs but not for a cigarette. Because we haven't been smoking we have half the money together for this house and I am way more productive at work now.

HAWKE'S BAY District Health Board Whakawāteatia	**Using Consumer Stories**
	For the attention of: **Maori Relationship Board, HB Clinical Council, HB Health Consumer Council and HBDHB Board**
Document Owner & Author:	Kate Coley, Executive Director People & Quality
Reviewed by:	Executive Management Team
Month:	June 2018
Consideration:	For Information

RECOMMENDATION

That the Maori Relationship Board, HB Clinical Council and HB Health Consumer Council

1. **Note** the contents of this paper
2. **Note** the use of Consumer Stories for education and quality improvement purposes
3. **Note** the implementation of Consumer Stories as part of the implementation of the Consumer Engagement Strategy

PURPOSE

The purpose of this paper is to recommend the use of Consumer Stories for the purposes of education and learning, alongside improvement to services and departments as a component of the Consumer Engagement Strategy endorsed by HBDHB Board in June 2018.

OVERVIEW

It is our ultimate aim to create a culture which puts people at the centre of everything that we do, and one that is respectful of, and responsive to the needs, preferences, and values of our community. Consumer engagement is one enabler of a people centred culture.

The achievement of a person and whanau centred approach to care is a strategic priority for the HB Health sector. That cannot be achieved without listening to the experience of patients and staff, learning from it and most crucially acting upon that learning.

There is evidence that, when they are properly gathered and used, personal stories empower storytellers. People who share their experience, and know how the learning from their stories have been applied, feel that they have been positively involved in service development and improvement. Organisation that use stories to improve services develop a culture of participation and a reputation for listening and acting upon what they learn.

The purpose of collecting consumer experience stories is:

- To capture a consumer's experience in their own words to provide a personal perspective of positive and negative experiences:

  Consumer/whanau/carer stories provide us with a picture of what the reality is behind the care being provided to patients. They provide us with warning signs when things aren't going so well and with feedback when things are going well.

- To collect consumers' views and encourage discussion to gain a deeper understanding of an issue:

  Consumer/whanau/carer stories assist in influencing planning and funding decisions, and future service design. Consumer stories ensure that senior decision makers are closer to the reality of the services that they oversee.

- To gain an understanding of the consumer journey and consumer experience:

  By actively engaging with consumers/whanau/carer in their stories, health service delivery can become more transparent and open to feedback. This reinforces the importance of the patient/consumer as the centre of care. It provides staff with the opportunity to explore alternative ways of working, and supports better quality care.

- To raise the profile of the organisation and enter into a two-way online dialogue with consumers and community members

  Internet-based social media websites, for example Facebook, can be used as a way of interacting between consumers and health and disability services in HB. Consumers and community members can be involved by becoming followers or friends with the organisation and then commenting on or sharing posted information and stories.

  The organisation can also publish links to relevant resources (patient stories, online surveys, or discussion forums) and pose questions to collect feedback on particular topics.

- To help focus projects or programmes of work on ensuring that consumers/whanau/carers are at the centre when developing and implementing changes to systems and processes

It is clear that there needs to be a purpose to using consumer stories. Story gathering must be meaningful. It must not be tokenistic or manipulated to suit a service, nor to meet a compliance objective for governance groups. There has to be an identified purpose and an anticipated outcome that can be clearly explained to participants. Having discussed the use of stories across all other DHBs, it is clear that whilst the intent to share stories at governance groups has value, if connected to a context/strategy/paper in that board meeting, this should not be their primary purpose.

The primary purpose of gathering stories is for quality improvement and educational development. In this context consumer stories are narrative accounts that help us make sense and develop a better understanding of events that happen to ourselves and others. Stories should be seen as one mechanism to capture patient, consumer, carer, service user and staff experience.

Last month the Consumer Engagement Strategy was endorsed by all governance bodies and the Board, and it is recommended with the appointment of both a couple of Consumer Experience Facilitators and a new Quality Manager (Q1 2018/19) that the utilisation Consumer Stories should be incorporated into the implementation of that strategy. It is envisaged that the DHB will develop a toolkit, process and training to support clinical teams, alongside working with Education and Development to ensure that stories are incorporated into training and that a library of stories are held (video, recording, written word) and can be accessed by all.

The recently endorsed consumer engagement strategy has been developed as a key piece of work alongside others to:

- Achieve culture change.
- Strengthen and embed consumer participation at all levels in the health sector
- Ensure consumers are active partners in how we design, deliver and improve services
- Drive improvements - experience of care, quality and safety of care, health outcomes and best value
- Build knowledge and educate health sector staff about the value of consumer engagement.

This is not a standalone strategy. To be effective, consumer engagement should be seen as a "way of working" and part of our 'culture'. It should be linked to other organisational plans and build on existing skills and the work we are already doing. The strategy supports the Hawke's Bay Health Sector vision of "*Healthy Hawkes Bay*" and mission of *"Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community".*

We recognise that across the Hawke's Bay health sector there are a number of examples where consumer engagement is already occurring however there is also a lack of guidance, practical resources and tools to support effective engagement. A systematic approach needs to be developed and implemented to support engagement being effortless and part of business as usual. Consistent processes, policies and guidelines for engagement need to be developed.

IMPLEMENTATION APPROACH

Given that this is not a standalone strategy, an integrated approach to implementation has been adopted. A number of issues have been grouped under the general heading of '**Consumer Experience'**. These include:

- Consumer Engagement
- Recognising Consumer Participation
- Consumer Experience (including Consumer Stories)
- Making Health Easy to Understand (Health Literacy)

This grouping aligns exactly with the terms of reference of the recently approved (but yet to be established) Consumer Experience Committee within the new clinical governance structure, and also with the roles and responsibilities of the currently advertised positions of Consumer Experience Facilitators, who will report directly to a Quality Manager (to be established in Q1 2018/19). With these structures and resources in place, a Consumer Experience Project team will be established to develop the required systems, processes, toolkits and champions that will assist and enable them to achieve their desired outcomes, and ultimately influence the desired culture change and improved experience for consumers.

A project brief is currently being developed for the Consumer Experience Project. The prime purpose of the Project is to assist and provide support to the Consumer Experience Committee and dedicated operational staff. Current objectives for the project include:

- Develop and implement a consumer engagement toolkit for the DHB, and make available for the HB health sector
- Strengthen and embed the level of consumer participation in service redesign and improvement initiatives through co-design methodology
- Ensure effective utilisation of consumer stories for education and development purposes, as well as for quality improvement.
- Ensure that consumer feedback is the key driver in improving experience of care, quality and safety of care, health outcomes and best value
- Build knowledge and educate health sector staff about the value of consumer engagement and how to engage with consumers
- Develop databases and processes for recording and matching service requests for consumer engagement with available and appropriate consumers
- Develop guidelines and procedures for implementing the 'Recognising Consumer Participation' policy
- Develop communication channels for keeping health related community groups informed and engaged in health related developments
- Define specific roles and responsibilities for consumer experience issues
- Develop a preferred patient experience monitoring tool and simplify centralised surveys
- Ensure appropriate IS tools are available to support consumer experience activities and measures
- Further develop 'health literacy' framework, assessment surveys and toolkits
- Champion the goal of a HB 'health literate sector', where health is 'easy to understand'.

- Develop measures of success and relevant monitoring tools and reports.

An update of progress and further details will be provided once the project brief is completed and the project team is established.

HAWKE'S BAY
District Health Board
Whakawāteatia

Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

That the public now be excluded from the following parts of the meeting, namely:

17. Clinical Services Plan - First Draft

The general subject of the matter to be considered while the public is excluded, the reason for passing this resolution in relation to the matter and the specific grounds under Clause 32(a) of the New Zealand Public Health and Disability Act 2000 for the passing of this resolution are as follows:

- Official Information Act 1982 9(2)(ba) to protect information which is subject to an obligation of confidence.
- Official Information Act 1982 9(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions between the organisation, board and officers of the Minister of the Crown.
- NZPHD Act 2000, schedule 3, clause 32(a), that the public conduct of the whole or relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982).